

BERNALILLO COUNTY SPORTS PROGRAM

YOUTH BASKETBALL LEAGUE

COACHES INFORMATION SHEET

(PLEASE PRINT)

DATE _____

HEAD COACH NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL ADDRESS _____

Head Coach Shirt Size **ADULT** ☐ SMALL ☐ MEDIUM ☐ LARGE ☐ XL ☐ 2XL ☐ 3XL

ASSISTANT COACH NAME _____

ADDRESS _____ ZIP CODE _____

CITY _____ STATE _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL ADDRESS _____

Assist. Coach Shirt Size **ADULT** ☒ SMALL ☐ MEDIUM ☐ LARGE ☐ XL ☐ 2XL ☐ 3XL

GRADE/DIVISION YOU WISH TO COACH: ☐ Kinder/1st ☐ 2nd/3rd ☐ 4th/5th ☐ 6th/8th ☐ 9th/12th ☐ Allid School

TEAM NAME PREFERRED	1st choice
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2nd choice
(Must be approved by League Coordinator)

**BCPR RECOMMENDS COACHES BEGIN CONTACTING SCHOOLS FOR PRACTICE SITES IMMEDIATELY
PRACTICE SITES FILL UP QUICKLY!**

LIST DAYS & TIMES OF PRACTICES

NAME & ADDRESS OF PRACTICE SITE
(IF POSSIBLE) _____

THE FOLLOWING PERSON HAS BEEN DESIGNATED AS A **TEAM PARENT**.
A PARENT THAT CAN BE CONTACTED TO BE MADE AWARE OF EMERGENCY CHANGES
IN SCHEDULES IF THE HEAD AND ASSISTANT COACHES CANNOT BE REACHED.

TEAM PARENT NAME _____

HOME NUMBER	WORK NUMBER	CELL NUMBER
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